



APPLICATION FOR BUILDING PERMIT
CITY OF COLLEGE STATION
1101 TEXAS AVENUE
COLLEGE STATION, TX 77840
(979) 764-3570 (979) 764-3496 FAX
WWW.CSTX.GOV

For Office Use Only

DATE: _____ TRCC REG _____
APPLICATION # _____
TEMP POLE # _____

ADDRESS/LOCATION: _____

LOT _____ BLOCK _____ SUBDIVISION _____ SEC/PH _____

BUSINESS/OWNER NAME: _____ PHONE: _____

CONTRACTOR/HOMEOWNER: _____ PHONE: _____

CONTACT PERSON FOR REVIEW COMMENTS: _____ PHONE: _____

FAX: _____ EMAIL: _____

ELECTRICIAN: _____ PLUMBER: _____

HVAC: _____ GOOD CENTS (Residential only): _____

- | | | |
|--|---|--|
| <input type="checkbox"/> ACCESSORY/STORAGE | <input type="checkbox"/> MOVING | <input type="checkbox"/> RE-ROOF |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> NEW CONSTRUCTION* | <input type="checkbox"/> SHELL ONLY |
| <input type="checkbox"/> DEMOLITION (ASBESTOS SURVEY) | <input type="checkbox"/> PORTABLE STORAGE (RESIDENTIAL) | <input type="checkbox"/> SLAB ONLY |
| <input type="checkbox"/> DUPLEX (LANDSCAPE PLANS REQUIRED) | <input type="checkbox"/> PORTABLE STORAGE (NON-RESIDENTIAL) | <input type="checkbox"/> SWIMMING POOL |
| <input type="checkbox"/> LOCATION | <input type="checkbox"/> REMODEL/RENOVATION* | <input type="checkbox"/> TENTS |

DESCRIPTION OF WORK: _____

PROPOSED USE: _____

STRUCTURE USE: _____

HOMEOWNER ASSOCIATION/ARCHITECTURAL OR DESIGN REVIEW COMMITTEE APPROVAL: _____

TEXAS ACCESSIBILITY STANDARD (TAS) PROJECT REGISTRATION# **EABPRJ** _____

VALUATION: \$ _____ TOTAL AREA: _____ HEATED AREA: _____
(Cost of Labor and Materials)

- | | |
|---|----------------------------|
| <input type="checkbox"/> PUBLIC SEWER | NUMBER OF BEDROOMS: _____ |
| <input type="checkbox"/> SEPTIC/TREATMENT SYSTEM | NUMBER OF BATHROOMS: _____ |
| <input type="checkbox"/> SEWER TAP: _____
SIZE | INTERIOR WALL TYPE: _____ |
| <input type="checkbox"/> WATER TAP: _____
SIZE | EXTERIOR WALL TYPE: _____ |
| <input type="checkbox"/> OTHER TAP: _____
SIZE | FOUNDATION TYPE: _____ |
| <input type="checkbox"/> TEMP POLE | ROOF TYPE: _____ |

GARAGE TYPE: SINGLE ☐ DOUBLE ☐ TRIPLE ☐
ATTACHED ☐ DETACHED ☐ CARPORT ☐

SIGNATURE OF APPLICANT: _____

*If proposed work involves new commercial construction or facade improvements/renovations to an existing commercial property, building elevations are required.

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Official Use Only

Plans Examiner

Zoning Official

Comments:
YES or NO

Energy Code Compliance Information

% Glazing of exterior walls _____

Insulation R value of exterior walls _____

Insulation R value of ceiling 1 (flat areas) _____

Insulation R value of ceiling 2 (vaulted areas/no attic) _____

Glazing SHGC (Solar Heat Gain Coefficient) _____

Glazing U-Factor _____

R value of ductwork _____

A/C SEER Rating _____

Protection Against Subterranean Termites

- ☐ Chemical Termiticide Treatment (Soil Treatment)
- ☐ Chemical Termiticide Treatment (Field Applied Wood Treatment)
- ☐ Physical Barriers
- ☐ Other

*** Verification of Application shall be submitted to the City of College Station Building Division prior to issuance of the Certificate of Occupancy.**